

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10557295

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
11		10		10		
12		11		11		
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14		13		13		
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16		15		15		
17		16		16		
18		17		17		
19		18		18		
20		19		19		
21		20		20		
22		21		21		
23		22		22		
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25		24		24		
26		25		25		
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29		28		28		
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31		30		30		
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34		33		33		
35		34		34		
36		35		35		
37		36		36		
38		37		37		
39		38		38		
40		39		39		
41		40		40		
42		41		41		
43		42		42		
44		43		43		
45		44		44		
46		45		45		
47		46		46		
48		47		47		
49		48		48		
50		49		49		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		2		2		
53		3		3		
54	1					
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97						
98						
99						
100						
TOTAL IND.	4	↓	2	↓		↓
TOTAL DEP.		←	37	←		←
TOTAL CLAIMS			39			